

2021 Lifeguard Class Registration Form

Blended Learning Course

Name _____ DOB _____ Phone _____

Address _____ Email _____

YMCA Member? Y / N Y Member Cost: \$225 Community Cost: \$300

Release of Claims and Authorizations

I hereby acknowledge that I voluntarily agree to participate in the YMCA activity on this registration form (YMCA activity). I hereby forever release, acquit, discharge and agree to indemnify and hold harmless the YMCA and all event sponsors and volunteers, as well as any officers, directors, agents, employees, successors or assigns of the aforementioned parties, in addition to all other persons who are either directly, or indirectly involved with the activity in which the participant is registering (collectively the "Released Parties"), from any and all liabilities, claims, damages and demands and all other liabilities or whatever kind of nature arising from or related to the YMCA activity, including, but not limited to, any and all liabilities, claims damages and demands arising from any personal injuries, loss or death occurring as a result of the YMCA activity. I further agree that I will never institute any action or suit, at law, in equity or otherwise, against any of the Released Parties, and will not aid in the institution or prosecution of any such action or suit against the Released Parties which in any way involves or relates to the YMCA activity. I further state that I am in proper medical condition to participate in and complete the YMCA activity and am not participating against doctor's advice, nor am I taking medications which would deter my health in the participation of the YMCA activity. If any act of God forces the cancellation of the YMCA activity, I understand that registration fees are non-refundable. This Release shall be binding upon the executors, administrators, personal representatives, heirs, successors and assigns of the undersigned. I give permission that my picture may be taken and used by the YMCA for publicity. I understand that I must be an active YMCA member in good standing in order to receive the special YMCA Member rate and that if my membership status changes prior to or during the class session, I will be responsible for paying the difference between the Y member rate and the community rate.

I understand there are no refunds for failure to complete pre-requisites or failure to earn my certification.

Signature: _____ Date: _____

Please complete this form and return to your Y with payment (checks made out to the YMCA) in order to secure your spot in the course. Registration is due at least one week in advance.

Questions? Contact Paula at 601.664.1955 or flwyaquaticprograms@metroymcams.org

OFFICE USE ONLY: Amount paid: \$ _____ Method of Payment: Cash Credit Card Check # _____

Received by _____ Date: _____

Session Dates: _____